

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al.	Group No: 3772
Application No: 09/852,408 Confirmation No. 5388	Examiner: Patel, Nihir B
Filed: May 9, 2001	Attorney Docket No: 53260-US-CNT (NK.0064.00)
Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICE	October 20, 2009 San Francisco, CA 94107

Mail Stop – Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																	
Via EFS <input checked="" type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,110.00</td> <td>\$555.00</td> </tr> <tr> <td align="right" colspan="3">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00		
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Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	27	36	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1"> <tr> <td>Extension Fees</td> <td align="center">\$0.00</td> </tr> <tr> <td>R.C.E.</td> <td align="center">\$810.00</td> </tr> <tr> <td>Total</td> <td align="center">\$810.00</td> </tr> </table>	Extension Fees	\$0.00	R.C.E.	\$810.00	Total	\$810.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Extension Fees	\$0.00						
R.C.E.	\$810.00						
Total	\$810.00						
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$810.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-3300; or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>October 20, 2009</u> Melanie Hitchcock	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080 Respectedly Submitted, <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302 Date: <u>October 20, 2009</u>						